

United States Bankruptcy Court

Eastern District of Pennsylvania

In re:

Case No.:

13-15577-ref

Ana Virginia Cruz

: CERTIFICATION OF BUSINESS DEBTOR
REGARDING MONTHLY REPORT

Ana Virginia Cruz

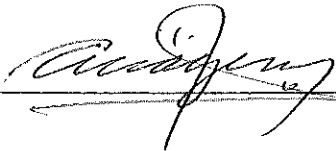
I, Ana Virginia Cruz, being of full age and duly sworn upon
my oath, depose(s) and say(s):

1. I am the business Debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of
JANUARY/2017.
3. All of the information in the Monthly Financial Report is complete, true and correct
to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy Code.

Date:

5/23/17



Debtor

Date:

Debtor

IN THE MATTER OF:

Case No. 13-15577

Ana Virginia Cruz

PETITION FILED: 6-25-13

MONTHLY REPORT NO. 43

DEBTOR IN POSSESSION

MONTH ENDED 01-31-2017

ALL ITEMS MUST BE ANSWERED USING "NONE" OR N/A WHERE APPROPRIATE

CHAPTER 13 MONTHLY REPORT FOR INDIVIDUALS ENGAGED IN BUSINESS

1. Cash on Hand (on filing date, or thereafter, from prior reporting period) -29,708.84
2. Receipts: (Sales) 17,272.74
 - a. Salary and Commissions
 - b. Interest or Dividend Income
 - c. TOLLS
 - d. Other (TRUSTEE) 446.03
 - TOTAL RECEIPTS 12,436.10
3. Disbursements: (PURCHASES) 12,466.22
 - a. Taxes - IRS (Truck Rental) 300.00
 - b. Taxes-State, including any sales tax due
 - c. Taxes- Real Estate
 - d. Other office supply
 - e. Utilities (phone service) 118.76
 - f. Storage Rent 282.31
 - g. Insurance premiums (TRUCK) 214.29
 - h. Food 447.69
 - i. Medical (Bank fee) 147.00
 - j. TRUCK Repair 47.48
 - k. Truck expenses Gas 405.00

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l. Clothing 20.00
m. Gifts - donations
n. Membership
o. Other Retiree 523.79

TOTAL DISBURSEMENTS

4. Balance at end of reporting period [(1-2) - 3] - 27,408.64
5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C. yes
6. Is all insurance paid up-to-date? yes

Debtor in Possession Checking Account(s):

NAME, LOCATION AND NUMBER(S) TD Bank XXX 7131
BRANCH 1321 ROUTE 22, Phillipsburg, NJ 08833

Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:

DESCRIBE: N/A
BRANCH: N/A

SCHEDULE A

(2)(d) Other:

SCHEDULE B

Gifts - donations/Name(s) of recipient(s): N/A

Tuition(s) list name and school(s): N/A

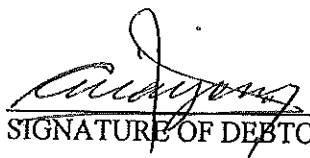
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SCHEDULE C

Outstanding obligations: (List payee and date incurred).

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.


SIGNATURE OF DEBTOR(S)

5/23/17
DATE